

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43247

No. 300
10/48

40000

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 6276		Registrar's No. 2050	
1. PLACE OF DEATH a. COUNTY St. Ferdinand St Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri			
b. CITY OR TOWN Kinloch		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Kinloch		4090	
d. FULL NAME OF HOSPITAL OR INSTITUTION 156 Jackson Street				d. STREET ADDRESS (If rural, give location) 156 Jackson Street 0			
3. NAME OF DECEASED (Type or Print) a. (First) Virginia		b. (Middle) A.		c. (Last) Williams		4. DATE OF DEATH (Month) (Day) (Year) 12/15/50	
5. SEX Female 3		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 2		8. DATE OF BIRTH Jan. 31, 1894	
9. AGE (In years last birthday) 56		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laundress		11. BIRTHPLACE (State or foreign country) Ferguson, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Warrick Edward		13b. MOTHER'S MAIDEN NAME Mary Davis		14. NAME OF HUSBAND OR WIFE Ernest Williams			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS VIRGINIA WILLIAMS - 156 JACKSON ST.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cause unknown ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) B. and DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH unk	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Local Registrar Vital Statistics				23b. ADDRESS 651 Brentwood Blvd. Clayton Mo.		23c. DATE SIGNED 12-18-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0		24b. DATE 12/19/50		24c. NAME OF CEMETERY OR CREMATORY Washington Park		24d. LOCATION (City, town, or county) (State) St. Louis, Co. Missouri	
DATE REC'D BY LOCAL REG. 12/18/50		REGISTRAR'S SIGNATURE Herbert R. Donke		25. FUNERAL DIRECTOR'S SIGNATURE Chas. J. Gates, 4107 Finney Avenue		ADDRESS	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

John K. Cunningham

Signed.....
Student Embalmer

Licensed Embalmer No. 4476

P. O. Address 4107 Finney Avenue

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.